

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>CITIZENS FOR PRISCILL TYSON</b>							
Full Name of Contributor <b>Keena Smith</b>				Registration Number, if PAC			
Street Address <b>1638 Mintum Drive</b>		Employer/Occupation/Labor Organization* <b>City of Columbus</b>		M <b>1</b>	D <b>0</b>	Y <b>1</b>	Amount <b>50.00</b>
City <b>New Albany</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43054</b>	Form(Cash,Check,etc) <b>check</b>			
Full Name of Contributor <b>Terri Street</b>				Registration Number, if PAC			
Street Address <b>187 N Garfield Ave</b>		Employer/Occupation/Labor Organization* <b>City of Columbus</b>		M <b>1</b>	D <b>0</b>	Y <b>1</b>	Amount <b>50.00</b>
City <b>Columbus</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43203</b>	Form(Cash,Check,etc) <b>check</b>			
Full Name of Contributor <b>Erika Clark Jones</b>				Registration Number, if PAC			
Street Address <b>63 Harding Rd</b>		Employer/Occupation/Labor Organization* <b>City of Columbus</b>		M <b>1</b>	D <b>0</b>	Y <b>1</b>	Amount <b>50.00</b>
City <b>Columbus</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43209</b>	Form(Cash,Check,etc) <b>check</b>			
Full Name of Contributor <b>Laurel Beatty</b>				Registration Number, if PAC			
Street Address <b>268 E Gates</b>		Employer/Occupation/Labor Organization* <b>State of Ohio</b>		M <b>1</b>	D <b>0</b>	Y <b>1</b>	Amount <b>75.00</b>
City <b>Columbus</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43206</b>	Form(Cash,Check,etc) <b>check</b>			
Full Name of Contributor <b>Jayne Moore</b>				Registration Number, if PAC			
Street Address <b>1632 Bryden Rd</b>		Employer/Occupation/Labor Organization* <b>State-Senate Office</b>		M <b>1</b>	D <b>0</b>	Y <b>1</b>	Amount <b>75.00</b>
City <b>Columbus</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43205</b>	Form(Cash,Check,etc) <b>check</b>			
Full Name of Contributor <b>Friends of Heard</b>				Registration Number, if PAC			
Street Address <b>2603 Burnaby Dr</b>		Employer/Occupation/Labor Organization* <b>Tracy Heard</b>		M <b>1</b>	D <b>0</b>	Y <b>1</b>	Amount <b>50.00</b>
City <b>Columbus</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43209</b>	Form(Cash,Check,etc) <b>check</b>			
Full Name of Contributor <b>Dawn Tyler Lee</b>				Registration Number, if PAC			
Street Address <b>2574 Dover Rd</b>		Employer/Occupation/Labor Organization* <b>OSU</b>		M <b>1</b>	D <b>0</b>	Y <b>1</b>	Amount <b>50.00</b>
City <b>Columbus</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43209</b>	Form(Cash,Check,etc) <b>check</b>			

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 400.00